



# City of Burlington

## Employment Application

*An Equal Opportunity/Affirmative Action Employer*

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

425 SOUTH LEXINGTON AVENUE • P.O. BOX 1358 • BURLINGTON, NORTH CAROLINA 27216-1358  
(336) 222-5105 • FAX (336) 222-5109

**IMPORTANT!** Please print or type. Fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. Unsigned, or incomplete applications will not be considered. Once submitted, application materials become the property of the City.

### Current Information

1. POSITION APPLIED FOR _____	Date _____
2. Social Security No. _____	3. Are you seeking: Full-time Employment <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Temporary <input type="checkbox"/> Summer Work <input type="checkbox"/>
4. NAME _____ Last First Middle	
5. ADDRESS _____ Street & No., RFD or P.O. Box City State Zip	
6. TELEPHONE ( ) _____ ( ) _____ Home Business	If neither, where can you be reached? ( ) _____
7. ARE YOU 18 OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, WHAT IS YOUR BIRTHDATE? _____ IF NO, DO YOU HAVE A WORK PERMIT? YES <input type="checkbox"/> NO <input type="checkbox"/>

### General Information (Attach additional sheet if needed)

**If you need to explain any answer, use the space under Item 30, EXPLANATIONS.**

8. Have you ever been employed with the City of Burlington? If yes, what dept. and when? _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Have you applied to the City of Burlington before? If yes, indicate what position and when _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Apart from absences for religious observations, will you accept employment requiring occasional night work or weekend work?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. Apart from absences for religious observations, will you accept employment requiring regular night work, weekend work, or rotating shifts?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. Are you related now or previously by blood or marriage to any City employee? If yes, give name, relationship and department _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
13. Do you have the ability to perform all the duties of the job you have applied for?	YES <input type="checkbox"/> NO <input type="checkbox"/>
14. Have you ever been convicted of an offense against the law or forfeited collateral or are you now under charges for any offense against the law? You may omit: (1) traffic violations for which you paid a fine of \$30 or less; and (2) any offense committed before your 16th birthday which was finally adjudicated in a juvenile court or under a Youth Offender law. While in the military service were you ever convicted by a general court-martial? _____ If your answer is 'yes,' please explain under Item 30 EXPLANATIONS. Show for each offense (1) date, (2) charge, (3) place, (4) court, (5) action taken. NOTE: A conviction does not automatically mean you cannot be appointed. What you were convicted of, and how long ago, are important. Give all of the facts so that a decision can be made.	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
15. Are you an American citizen or do you currently have authorization to work in the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>
16. Did you receive any of your education or employment experience under another name? If yes, please explain under Item 30 EXPLANATIONS.	YES <input type="checkbox"/> NO <input type="checkbox"/>

## Education

Give your complete educational history.

18. Circle highest school year completed.

1 2 3 4 5 6 7 8 9 10 11 12

17. High School \_\_\_\_\_  
 Name City State Ending Date

19. Have you received a high school diploma or equivalent? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Education Beyond High School	Name and Location	Attended				Did you Graduate?	Credit Hours	Degree, Diploma or certificate Earned - or - Number of Years Completed	Major Subject
		From		To					Minor Subject
		Mo.	Yr.	Mo.	Yr.				
20. College(s) or University(ies)						YES NO			
						YES NO			
21. Graduate or Professional Schools						YES NO			
						YES NO			
22. Technical Inst., Internship, Other						YES NO			
						YES NO			

## Skills, Knowledge & Abilities

23. Please list any skills, knowledge, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate. If you wish consideration for a secretarial position, indicate speeds for typing and shorthand.

(a) \_\_\_\_\_ (e) \_\_\_\_\_  
 (b) \_\_\_\_\_ (f) \_\_\_\_\_  
 (c) \_\_\_\_\_ (g) \_\_\_\_\_  
 (d) \_\_\_\_\_ (h) \_\_\_\_\_

## Registrations, Licenses, Certifications

24. List fields of work for which you have been registered, licensed or certified.

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Other: \_\_\_\_\_

25. Please list your driver's license number and the state where it was issued. If you do not have a driver's license, please put "NONE" in the blank.

26. Is your driver's license a Commercial Driver's License? YES ☐ NO ☐  
 If YES, indicate the class. \_\_\_\_\_

# \_\_\_\_\_ STATE \_\_\_\_\_

## Employment

Record your complete work history in the spaces below. Begin with your current or most recent employer first. Include military and related volunteer experience. Continuation sheets are available. Attach as many sheets as are necessary to account for your full record. Be sure to account for gaps in your employment history. Please be thorough, including completing the "Duties" lines. "See attached resume" alone is not acceptable in the "Duties" space.

### A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title _____	Starting Salary _____	Last Salary _____
Name and title of supervisor _____	No. of employees supervised by you _____	
Employer or company _____	Telephone # ( ) _____	
Date Employed _____	Address _____	
Date Separated _____	Duties in order of importance _____	
Full-time for: _____ Years _____ Months _____	_____	
Part-time for: _____ Years _____ Months _____	_____	
If part-time, number of hrs. worked per week _____	Reason for leaving or desiring a change: _____	

### B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title _____	Starting Salary _____	Last Salary _____
Name and title of supervisor _____	No. of employees supervised by you _____	
Employer or company _____	Telephone # ( ) _____	
Date Employed _____	Address _____	
Date Separated _____	Duties in order of importance _____	
Full-time for: _____ Years _____ Months _____	_____	
Part-time for: _____ Years _____ Months _____	_____	
If part-time, number of hrs. worked per week _____	Reason for leaving or desiring a change: _____	

### C. NEXT EMPLOYMENT (or explain gap in employment)

Job Title _____	Starting Salary _____	Last Salary _____
Name and title of supervisor _____	No. of employees supervised by you _____	
Employer or company _____	Telephone # ( ) _____	
Date Employed _____	Address _____	
Date Separated _____	Duties in order of importance _____	
Full-time for: _____ Years _____ Months _____	_____	
Part-time for: _____ Years _____ Months _____	_____	
If part-time, number of hrs. worked per week _____	Reason for leaving or desiring a change: _____	

### D. NEXT EMPLOYMENT (or explain gap in employment)

Job Title _____	Starting Salary _____	Last Salary _____
Name and title of supervisor _____	No. of employees supervised by you _____	
Employer or company _____	Telephone # ( ) _____	
Date Employed _____	Address _____	
Date Separated _____	Duties in order of importance _____	
Full-time for: _____ Years _____ Months _____	_____	
Part-time for: _____ Years _____ Months _____	_____	
If part-time, number of hrs. worked per week _____	Reason for leaving or desiring a change: _____	

**E. NEXT EMPLOYMENT (or explain gap in employment)**

Job Title _____		Starting Salary _____	Last Salary _____
Name and title of supervisor _____		No. of employees supervised by you _____	
Employer or company _____		Telephone # ( ) _____	
Date Employed _____	Address _____		
Date Separated _____	Duties in order of importance _____		
Full-time for:      Years      Months		_____	
Part-time for:      Years      Months		_____	
If part-time, number of hrs. worked per week _____		Reason for leaving or desiring a change: _____	

**U.S. Military Service**

Brach of Service _____	Date Entered _____	Date Discharged _____
Type of Discharge _____	Rank When Discharged _____	Are You In Reserve Status _____

**References**

Name:	Address and Telephone No.:
1.	
2.	
3.	
4.	

27. Have you ever had disciplinary action taken against you in the past 12 months? ☐ NO ☐ YES  
If yes, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)
28. Have you ever been dismissed or forced to resign from any job held? ☐ NO ☐ YES  
If yes, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)
29. May we contact your present employer for reference? ☐ NO ☐ YES If NO, explain under Item 30, EXPLANATIONS.

30. \_\_\_\_\_ Indicate item number to which answers apply.

**EXPLANATIONS**

ITEM #	

**Certification And Release**

To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented or falsified and of the application information I may be disqualified for employment consideration or dismissed from employment with the City.

I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.

I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the City of Burlington; and associations, registration or licensing boards and others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information received from an employer or educational institution under a promise of confidentiality.

I also permit the City of Burlington to conduct a Credit History, a Police Court, and/or Motor Vehicle Records Investigation of my background.

I understand that, if I apply or have applied for employment, I may be tested for drug and alcohol use to determine if I am currently abusing these substances. I consent to the testing and understand that the result could preclude my employment.

I further understand that if employed, my work will be subject to a six (6) months probationary period, and if it is found that I am not adapted to the assigned work, I may be terminated without further reason, and without prejudice.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_